

CIVIL AIR PATROL, VERMONT WING UNIT ACTIVITY REQUEST FOR ACTIVITIES INVOLVING MILITARY SUPPORT

Unit Planning Activity: Name of Activity Project Officer: Type/Name of Activity:				Date(s) of Activity:									
							Description of Activit	y:					
							Personnel planning of Authorization Order.	n attending activit	ry must be listed be	elow for Out-of	S-State activities	s or any activity requiring	g a Military Support
NAME	RANK	SSN	CAPID	UNIT#	CITY/TOWN OF RESIDENCE	TELEPHONE							
Will a Corporate vehicle be used? [] Yes [] No Vehicle Number(s):				Vehicle Registration(s):									
Will a Corporate aircr	raft be used? [Tail #:		Registration:								
Is A.F. Liaison Office	coordination requ	uired? [] Yes	[] No	Other C	oordination? []	Yes [] No							
What coordination is	necessary?												
Signature of Project Officer (or Unit Commander)					Date								
Signature of Wing	Commander (or Wing Officia	l authorizing	activity)	Date								

<u>NOTE</u>: If activity is out-of-state, or if USAF liaison coordination is required, authorization from Vermont Wing Headquarters is required. If activity is in Canada, authorization is required from both Vermont Wing and CAP National Headquarters.